

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
**(REGIONAL OFFICE)**

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			1/W	MEAS
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/W	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/W	24HC
079 HEAT REJECTED (10**6)	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	BTU/H	*****	*****	*****			1/M	CALC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		2D/W	IS
284 COLOR, PCU	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	PCU		1/W	24HC
810 BOD5, INTAKE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/W	24HC
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
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FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			5D/W	MEAS
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/W	24HC
079 HEAT REJECTED (10**6)	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	BTU/H	*****	*****	*****			1/M	CALC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		2D/W	IS
284 COLOR, PCU	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	PCU		1/W	24HC
810 BOD5, INTAKE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/W	24HC
	REPORTD										
	REQRMNT									*****	

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VA0003026				003			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

FROM

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			CONT	REC
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		5D/W	GRAB
003 BOD5	REPORTD				*****						
	REQRMNT	2105	4210	KG/D	*****	NL	NL	MG/L		2D/W	24HC
004 TSS	REPORTD				*****						
	REQRMNT	6177	12206	KG/D	*****	NL	NL	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		2D/W	IS
124 TEMP, UPSTREAM (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		2D/W	IS
138 PH, UPSTREAM	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1/W	GRAB
284 COLOR, PCU	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	PCU		1/W	24HC

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
380 TOXICITY, FINAL, CHRONIC	REPORTD		*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	25.00	TU-C		1/YR	24HC
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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VA0003026				012			
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MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/YR	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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ADDRESS 9363 Lee Jackson Hwy  
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FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				014			
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FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/YR	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
008 COD	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/3M	EST
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				018			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/YR	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				021			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/YR	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/3M	EST
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026			022			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
389 NITRITE+NITRATE- N, TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				023			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
008 COD	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				025			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				028			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
361 IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
**(REGIONAL OFFICE)**

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				301			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
			TO				

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	0.040	NL	MGD	*****	*****	*****			1 / DAY	EST
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / DAY	GRAB
003 BOD5	REPORTD				*****						
	REQRMNT	4.5	6.8	KG/D	*****	30	45	MG/L		1 / M	GRAB
004 TSS	REPORTD				*****						
	REQRMNT	4.5	6.8	KG/D	*****	30	45	MG/L		1 / M	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		1.5	*****	*****	MG/L	3	1 / DAY	GRAB
213 CL2, INST TECH MIN LIMIT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		0.60	*****	*****	MG/L		1 / DAY	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS  
sanitary package plant

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026				555			
PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
			TO				

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/YR	GRAB
003 BOD5	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

monitor on a rotating basis: similar outfalls 005, 007, 009, 010, 013

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY



PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)**  
**DISCHARGE MONITORING REPORT(DMR)**

Industrial Major 03/17/2010

**DEPT. OF ENVIRONMENTAL QUALITY**  
(REGIONAL OFFICE)

Blue Ridge Regional Office  
3019 Peters Creek Road

Roanoke VA 24019

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.**

NAME GP Big Island LLC  
ADDRESS 9363 Lee Jackson Hwy  
Big Island VA 24526  
FACILITY LOCATION 9363 Lee Jackson Hwy - Rte 501

VA0003026			999			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
003 BOD5	REPORTD				*****	*****	*****				
	REQRMNT	2105	4210	KG/D	*****	*****	*****			1 / M	CALC
079 HEAT REJECTED (10**6)	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	67.2	BTU/H	*****	*****	*****			1 / M	CALC
284 COLOR, PCU	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	70	PCU		1 / M	CALC
	REPORTD										
	REQRMNT									*****	
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	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS  
SUMMARY OUTFALL

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

### DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".  
 $\text{KG/DAY} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785$        $\text{G/D (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".
12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.